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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)

05432/100M919-US1



In re Application of Connie Sanchez et al.

Application Number
10/644,579-Conf. #5200Filed
August 20, 2003

For THE USE OF ENANTIOMERIC PURE ESCITALOPRAM

Art Unit N/A

Examiner Not Yet Assigned

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | | | |
|-------------------------------------|----------------------------------|----|----------|
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ | |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ | |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ | |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ | |
| <input checked="" type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ | 2,010.00 |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number _____

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 41,151

June 8, 2004
Date

(212) 527-7765
Telephone Number

Signature

Jay P. Lessler
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.

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Dated: _____